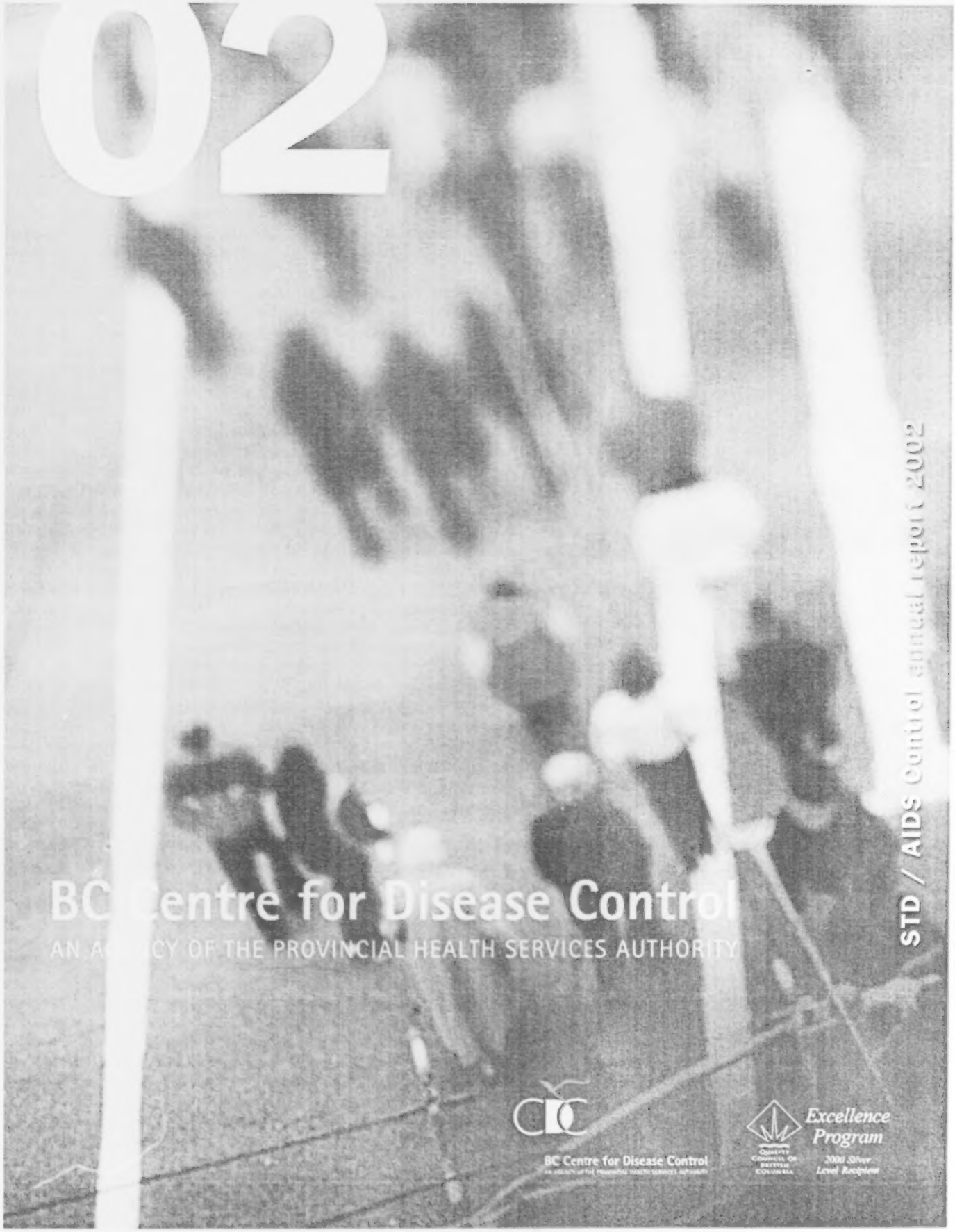
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BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY
STD / AIDS Control annual report 2002
BC Centre for Disease Control
Excellence Program
2001 Silver Level Recipient

105-05979/

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std/aids control

The British Columbia Centre for Disease Control is a provincial organization dedicated to the prevention and control of communicable diseases in British Columbia.

The Division of STD/AIDS Control is exclusively focused on the prevention and control of sexually-transmitted diseases (STDs), including HIV and AIDS.

Located in Vancouver, our activities fall into four main areas:

- we coordinate province-wide efforts to reduce the spread and minimize the adverse effects of STDs. We do this through education programs, contact tracing and partner notification. The division works with clients both directly, through clinics and outreach workers, and indirectly through local and regional health care providers. The health, dignity and rights of our clients are our foremost concern.
- we provide STD/AIDS-related education and training resources for health care workers throughout the province, including medical residents, interns, public health nurses and other health care providers. We participate in conferences and frequently present on STD-related subjects, both in B.C. and in other jurisdictions.
- we provide epidemiologic data analysis and consulting services, acting as the provincial reporting centre for cases of STDs and AIDS. Provincial law requires most STDs be reported, so that trends and patterns can be accurately measured. Our role is to record, track and share this important data for the benefit of provincial health care authorities, as well as authorities in other jurisdictions including international organizations and governments.
- we participate in STD/AIDS related research and teaching as a university affiliated organization which helps us remain current in our approach.
- we work with international partners in developing countries to improve their capacity to manage sexually transmitted infections and HIV.

This annual report describes some of the objectives, activities and achievements that marked the past year at STD/AIDS Control. It also includes detailed epidemiology statistics. More information on many of the subjects discussed here can be found on our website at www.bccdc.org, or through our Resource Centre at 604-660-2090.

highlights of 2002

STD/AIDS Control:

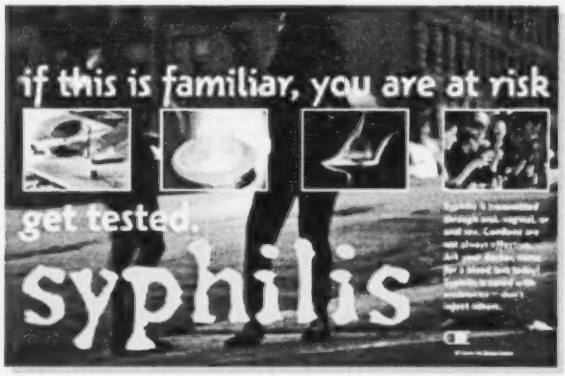
The reorganization and redirection of the Street Nurse Program

In 2002 the Street Nurse Program, as a part of the BCCDC, moved under the Provincial Health Services Authority and the program was redirected to reflect the provincial mandate. The vision was to establish a cutting edge program able to implement pilot projects, explore new ideas and to move away from provision of fixed site clinical services.

Social Networking process as a strategy to "case find" in a syphilis outbreak

British Columbia has had a syphilis outbreak since July 1997. Sex trade workers from the downtown eastside of Vancouver and their partners have been the drivers of this epidemic.

Traditional contact tracing involving the naming of sexual partners for follow-up was not working with this population.



Social Networking is a strategy that expands the network of contacts to include social and drug using acquaintances as well as sexual contacts. This strategy also involves looking at places where persons at increased risk gather. A social networking program is based on the assumption that people who "hang out" at the same places and engage in the same activities with similar people have similar risks for infections.

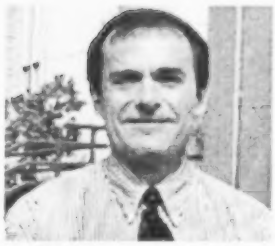
In February, 2002 after consultation and additional training a social networking process was implemented by the BCCDC.

director's letter

A Message from the Director

In 2002, there were many important milestones for STD/AIDS Control as we became accustomed to our role in the Provincial Health Services Authority (PHSA). Our recently hired Associate Director, Dr. Deborah Money, left us to take on the prestigious role of Head of Maternal and Fetal Medicine at Children's and Women's Hospital. In her brief 15 months' stay with us, however, Dr. Money has accomplished a great deal including working with the staff and management to help to reformulate the Street Nurse Program.

The Street Nurse Program needed to be reorganized and refocused because of the recognition by the Vancouver Coastal Health Authority (and the Vancouver Regional Health Board before them) that they were directly responsible for the primary care needs of the downtown eastside populace. It was also incumbent on us to establish a mechanism to better respond to outbreaks through flexible staffing and less direct care responsibilities. The reformulated Street Nurse Program also needed to incorporate an applied public health research model. The new program has successfully accomplished all of these aims and more.



Dr. Michael Rekart, Director

Social networking was fully implemented in 2002. Street Nurse and STD Clinic resources were directly targeted to establishing social network strategies in an attempt to stem the rapidly growing syphilis outbreak and it became apparent that these methods had wider application to other sexually transmitted infections, especially within the downtown eastside community. The effort has recently been paying dividends in the form of new cases connected with contacts and network mapping that finds even more infections. The rising number of syphilis cases in recent months may, in fact, be a reflection of our success at social networking rather than our failure at controlling the outbreak. Only time will tell.

And most important of all, we did our basic, good job for the thousands of patients that depend on STD/AIDS Control to deliver sensitive, high-quality and confidential care, education and support. I was never more proud of everyone at STD/AIDS Control than I was in 2002.

Michael L. Rekart

Dr. Michael Rekart
Director, STD/AIDS Control

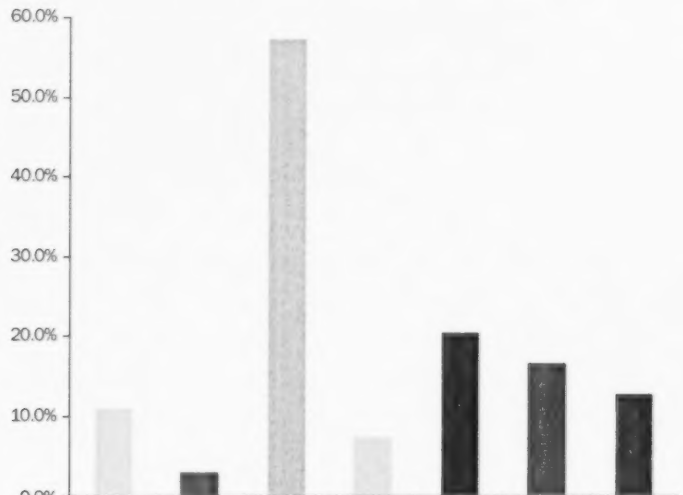
the year in review

clinical activities

STD Clinic and Street Nurses

The division's patient services are delivered through two principal channels: the STD Clinic, located in the BCCDC building at 655 West 12th Avenue in Vancouver, and the Street Nurse Program, which operates from a number of locations throughout the city.

1.1 Reason For Visit, 2002



	Hepatitis	Contact to STD	HIV Testing	Wart Treatment	STD Screening	STD Symptoms	Other
%	11.1	3.2	57.4	7.5	20.6	16.7	12.9
Total	1,960	559	10,152	1,329	3,637	2,955	2,272

* *Other includes: Birth control, counselling, consultation, follow-up, immigration, pregnancy test, results, TB skin testing, treatment, test of cure.*

** *Percentages do not equal 100% because one client may have several reasons for visit (e.g. HIV testing, symptoms and STD screening).*

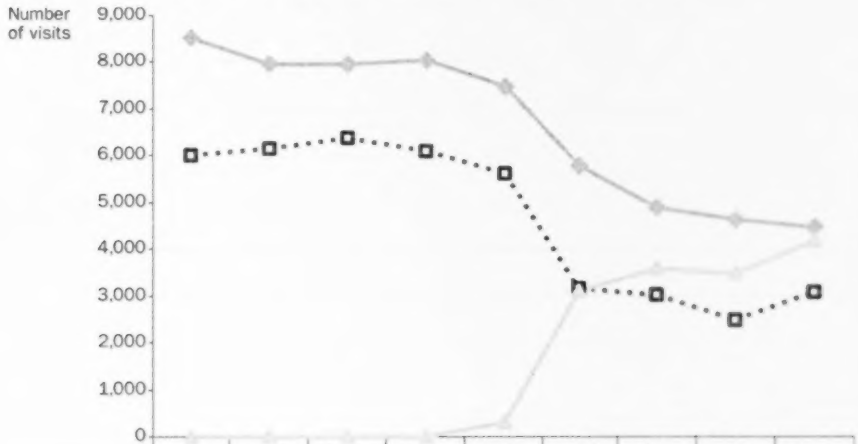
In 2002, the STD Clinic and Street Nurse Program recorded 17,680 visits. Slightly more than half of these visits (10,152 or 57%) included some aspect of HIV testing such as pre-test or post-test counselling or follow up. Hepatitis testing or vaccination was the reason for 11% (1960) of visits. Almost half (8480 or 48%) of the visits were for reasons related to STD with 17% or 2955 visits for STD symptoms, 3% or 559 visits as a contact to an STD, 8% or 1329 visits for genital wart treatment and 20.5% or 3637 visits for persons requesting STD screening. The "other" category of reason for visit includes: Birth control, counselling, consultation, follow-up, immigration, pregnancy test, results , TB skin testing and test of cure.

west 12th std clinic

The STD Clinic on 12th Avenue is centrally located, easily accessible to clients, close to the downtown core and adjacent to Vancouver General Hospital. As the site of our primary clinical facility, it provides STD assessment and management services, including HIV testing, for clients from throughout the Lower Mainland. In addition, it is the centre of our epidemiology, education, research and administration activities. At this location we also:

- conduct STD surveillance, reporting, data management and related epidemiology services
- conduct and co-ordinate ongoing STD/AIDS research at our own and affiliated facilities
- provide training in STD clinical management for health care workers from across the province
- operate the province-wide STD/AIDS information phone line
- operate partner notification services
- maintain an STD/AIDS education resource centre for province-wide use
- provide overall administration of all division operations

1.2 West 12th STD Clinic Visits, 1994 to 2002



	1994	1995	1996	1997	1998	1999	2000	2001	2002
STD	8,525	7,959	7,962	8,040	7,468	5,792	4,874	4,630	4,465
HIV	6,018	6,154	6,368	6,108	5,617	3,165	3,012	2,488	3,064
STD & HIV	0	0	0	0	309	3,093	3,591	3,477	4,175
Total	14,543	14,113	14,330	14,148	13,394	12,050	11,477	10,595	11,704

street nurse program (std/aids outreach)

The AIDS Prevention Street Nurse Program (SNP) is the outreach program for the STD/AIDS Division.

The nursing based program is an STD/AIDS prevention service focused on high risk, hard to access, and marginalized populations. STD/HIV testing, diagnosis and treatment, referrals, education and research are carried out in the communities where people live and congregate. Embracing a health promotion and harm reduction philosophy, unique and creative strategies are used to connect with people outside the walls of mainstream health care institutions. The SNP had 41,453 client encounters in 2002.

In 2002, an initiative to redirect and reshape the street nurse program was undertaken as a result of the move to a provincial mandate under the newly formed Provincial Health Services Authority (PHSA). Main St. Clinic, a busy street front clinic was closed and clients were connected to services in the new and comprehensive primary health care sites recently opened in the Downtown Eastside by the Vancouver Coastal Health Authority. An increase in van services offered by other community groups had resulted in a duplication of services and the decision to end regular Street Nurse van service was made. An external review of the Street Nurse Program (April 2001) supported the idea of the Street Nurse Team as a cutting edge team, piloting new projects and recommended that its role in education, research and surveillance be clarified.

The Street Nurse Program initiated changes to redirect its services to research based, flexible, and cutting edge services. A project based approach to explore and trial new approaches and ideas was initiated. Education provision for service providers, students and community workers was seen as a key role. The Street Nurse Program is framed in: direct service, projects, education, & research.

Projects

Health Fairs - Four youth health fairs were held in city parks for "at risk" street-involved youth. The Street Nurse Program was instrumental in the initiation and organizing process. Chee Mamuk funded a coordinator and planning included youth and several agencies. Fairs were well attended and popular with the youth. A manual was put together by the coordinator on "How to organize Youth Health Fairs". Two other well-attended health fairs (DTES residents) were held at Oppenheimer Park for Downtown Eastside residents. Through a collaborative effort, the first Gay Men's Health Fair was held.

Massage Parlour Project - The Street Nurse Program (SNP) is working with ASIA (Asian Society of the Intervention of AIDS) on their project to explore culturally appropriate HIV/AIDS prevention models for female sex workers in Vancouver. SNP is working with the team to provide training for peer outreach workers and to facilitate access to massage parlors.

Supervised injection sites - in collaboration with the Vancouver Coastal Health Authority , City of Vancouver, BC Center for Excellence, Vancouver Police Department, NGO's (Non-Governmental Organizations) and community/client groups a proposal to Health Canada was developed to implement a supervised injection site pilot project. The Street Nurses have advocated for the implementation of Supervised Injection Sites for many years.

Sex Now Survey - The Street Nurse Program was a collaborative community partner in the planning and delivery of the "Sex Now Survey" conducted in Victoria, Vancouver and Prince George at Gay Pride.

Other projects have included:

- The Hepatitis C Peer Education project for youth and adult refugees and immigrants from Vietnam and Latin America. (In partnership with ASIA and Bridge Clinic).
- The SNP worked together with the BC multicultural society to design and run peer education programs that trained 19 peer educators from 13 ethno cultural groups.
- Needs assessment for New West Purpose Society assessing the need for outreach nursing services for youth.
- The VANDU Peer Project; as a part of social networking initiative, peers were hired on contract to work with the street nurses to help access and build relationships in the community.

Education

Education is an important and active part of the Street Nurse program. Workshops, education sessions, and perceptorships opportunities are provided. Educationals for nursing, medical and dental students and professionals are delivered at post secondary and health care institutions. Education for community groups and clients are offered at community centers, drop in centres, peer education programs, detox sites, John School and in community forums.

A distance education Outreach Nurse Education program is in development. In partnership with Chee Mamuk (STD/AIDS Control's aboriginal service), the Street Nurse program has been involved in workshops offered throughout the province. The SNP offers the frontline expertise and the urban connection for mobile populations.

Research

BC Women's Correctional Facility Drug Use study done in conjunction with a BCCW physician was completed and is in revision for publication. It opened discussion around Hepatitis C and HIV transmission in corrections.

A Health Canada Street youth study is planned to start in summer 2003.

Presentations at Conferences by Street Nurses

- First Canadian Harm Reduction Conference, Toronto
- National (US) Harm Reduction Conference in Seattle
- Canadian Association of Nurses in AIDS Care (CANAC) conference Vancouver (four presentations)
- SNP was actively involved in the planning of the conference.

std/aids control

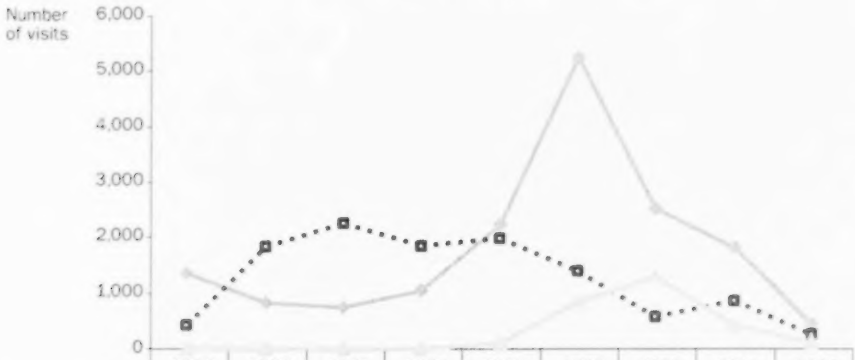
main street clinic

Main Street Clinic closed its doors in April 2002. As a means of bridging clients into the new primary health care services established by the Vancouver Coastal Health Authority in the Downtown Eastside, a small street nurse office was established within the Pender Community Health Clinic.

Total of 2616 client encounters at Main St Clinic and 4786 clients seen a Pender St. clinic.

Powell Street Office. A new outreach office was opened on Powell St. in May 2002 to provide a home base for the street nurse program. Direct client services are not offered at this office.

1.3 Main Street Clinic Visits, 1994 to 2002



	1994	1995	1996	1997	1998	1999	2000	2001	2002
STD	1,353	831	751	1,056	2,243	5,259	2,513	1,814	443
HIV	412	1,843	2,259	1,855	1,983	1,391	575	868	246
STD & HIV	0	0	0	0	81	845	1,292	423	101
Total	1,765	2,674	3,010	2,911	4,307	7,495	4,380	3,105	790

Main Street Clinic Encounters	8,822	11,342	13,004	15,971	21,359	22,918	27,700	19,617	2,616
Pender Street Clinic Encounters	0	0	0	0	0	0	0	0	4,786

**An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.*

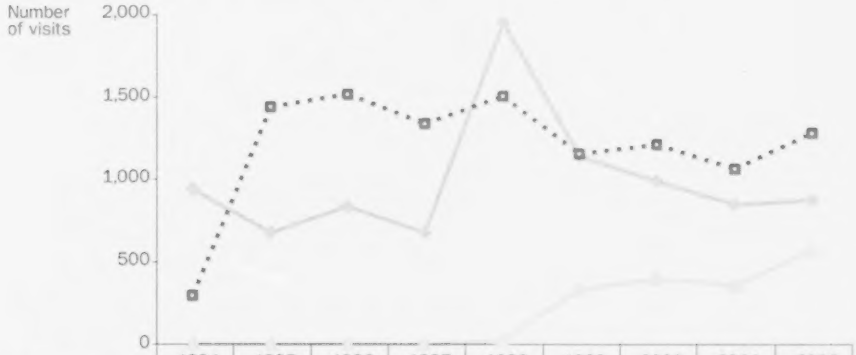
*** Note: Main Street clinic closed April 1, 2002*

Bute Street Clinic

Bute Street Clinic continues to be a busy clinical site located in the Lesbian, Gay, Bisexual and Transgendered (LGBT) Center. STD/HIV counselling, testing, treatment and follow-up services, harm reduction education and needle exchange are offered. Bute Street clinic acts as the base for outreach activities to outreach sites such as bathhouses. A number of street involved youth access this site as well.

Total of 6337 client encounters at Bute St.

1.4 Bute Street Clinic Visits, 1994 to 2002



	1994	1995	1996	1997	1998	1999	2000	2001	2002
STD	936	673	835	673	1,946	1,137	988	849	870
HIV	290	1,441	1,514	1,336	1,503	1,150	1,209	1,062	1,282
STD & HIV	0	0	0	0	22	334	396	358	566
Total	1,226	2,114	2,349	2,009	3,471	2,621	2,593	2,269	2,718

Bute Street Clinic Encounters	3,744	4,026	3,825	4,193	5,848	5,332	6,187	6,269	6,337

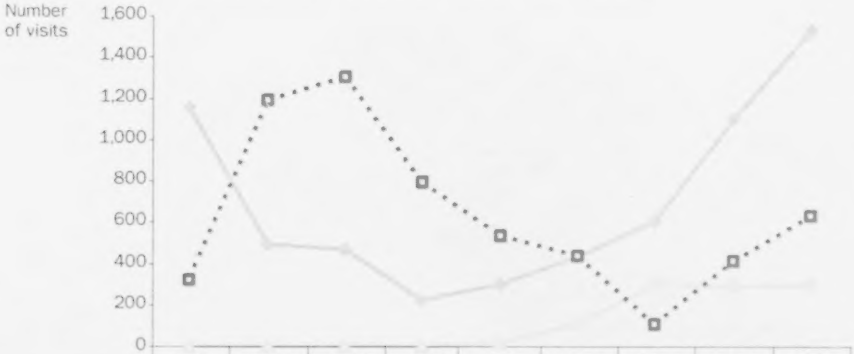
**An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.*

The Street nurses continue to provide STD/HIV and harm reduction services with difficult to access clients in non traditional settings such as drop in centres and community agencies such as Youth Action Centre (YAC), Women's Information Safe House (WISH), Dusk to Dawn, Covenant House, transition houses, Street Youth Services, safe houses, Downtown Eastside Women's Center and Urban Native Youth (UNY). Education and testing are provided at the BC Correctional Facility for Women (BCCW) and at detox facilities. Nurses also meet with clients on the strolls, in the hotels, in the streets, and in the alleys and parks.

A Social Networking approach, as a new way to approach traditional contact tracing, was initiated in 2002 to address the syphilis outbreak. Traditional methods were not working.

See the Highlight section (page 4) in this report for more information on this approach.

1.5 Agency Outreach Visits, 1994 to 2002



	1994	1995	1996	1997	1998	1999	2000	2001	2002
STD	1,155	495	467	226	300	435	607	1,100	1,536
HIV	327	1,191	1,307	797	534	440	105	412	631
STD & HIV	0	0	0	0	15	109	301	288	301
Total	1,482	1,686	1,774	1,023	849	984	1,013	1,800	2,468

Outreach Encounters	13,652	16,410	22,600	20,816	24,404	26,542	25,699	24,774	24,374

*An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.

** Total excludes Bute, Main and Pender Street clinics.

The Chee Mamuk program was developed by STD/AIDS Control in 1989 to address the rising rates of HIV and AIDS in BC's Aboriginal communities. The mandate of the program is to provide culturally appropriate on-site community based HIV/AIDS, Hepatitis and STD education and training to Aboriginal communities, organizations and professionals within BC.

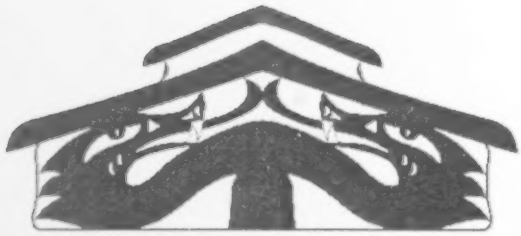
The program presently employs three full time workers, A Program Manager, an Educator and an Administrative Support person, all of First Nations descent. The program provides education, awareness, consultation and community development to front line workers, community, Elders and youth.

Chee Mamuk hosted two youth projects in the summer of 2002. Youth Strengthening the Circle was a peer education, harm reduction project. Chako Coming of Age, was a health promotion prevention initiative.

The Youth Strengthening the Circle Advisory Group consisted of six Aboriginal youth (14-22) from different Nations, Chee Mamuk Staff, two Elders, a street nurse, and a representative from Youth Co. The group met over a 6-month period of time and produced educational material, inspirational pocket calendar, a short video around the subject of harm reduction,

HIV, STDs, and prevention, and a game which takes the form of the medicine wheel and looks at the risks of home time, school time, after school time, and the strengths of Aboriginal youth. Questions are asked about peer pressure, drugs and alcohol, racism, abuse, and HIV, STDs, and Hepatitis. Chee Mamuk staff have used all three tools in workshops with Aboriginal youth throughout the province and they have been well received. This project shows how effective peer education and peer developed educational tools can be.

Chee Mamuk also ran the Chako, Coming of Age project which was a health promotion, prevention initiative based around coming of age. The group consisted of six Aboriginal youth (18-29) from different Nations who live in Vancouver. They worked with a Squamish Cultural worker for the month of July 2002 on a small wall carving, personal regalia, and a drum. The youth learned traditional teachings about respect, balanced living, working together as well as learning about the risks of today around drugs, alcohol, HIV, Hepatitis, and STDs. One of the goals was to bring community together to support the youth and to learn about HIV, Hepatitis issues. We produced a 20 minute video to inspire other communities to pick up the Chako project and make it their own. The video and the "Chako Guidebook" which shows step by step how we did the project and is available from Chee Mamuk.



Some of Chee Mamuk's accomplishments in 2002 include:

- Participation on the planning committee of the 1st National Aboriginal Hepatitis C Conference and were handed the responsibility to host the 2nd National Aboriginal Hepatitis C Conference
- Participation on the planning committee for Shoot for Safety, a Hepatitis conference for youth in BC
- The development of Youth Strengthening the Circle video, game and calendar
- The development of Chako, Coming of Age prevention project including a video and guidebook
- Ongoing recognition of persons living with HIV and working in the field of HIV/AIDS as well as those that have passed on.

education and communications: meeting new challenges

While our educational objectives remain the same – to share our knowledge of STD prevention and control with health care professionals and the public – this year has seen more emphasis on sharing our information electronically.

The divisional web site, www.stdresource.com, was launched in October, 2002. Here you will find all the latest information on STDs – what to do if you think you have an STD, how to tell a partner, what to expect at an STD clinic, etc. Safe prevention options are discussed and links to related information sites given.

Progress was made in developing our street nurse outreach program into a distance education course. With street nurses acting as subject matter experts, preliminary course material was prepared by an instructional designer. Street nurses share their expertise in working with marginalized communities, including commercial sex workers and injection drug users. Through a province-wide survey, it was discovered that nurses wanted these kinds of distance education opportunities to learn about street outreach nursing.

Education continues to be integral to all clinical and outreach activities. We give information to all clients and the public on STD/HIV prevention and risk reduction strategies. The division provides resources and assistance to local health groups and educators to assist in their community-based educational efforts. Practitioners consult with us to provide current and effective STD prevention strategies and treatments for patients.

Research has been an educational priority this year with three studies in progress. A prevalence study of Chlamydia Trachomatis infection in men and women aged 15 to 30 is currently under way. The study (aiming to reach 1560 respondents) is designed to receive urine specimens and questionnaire responses from a random sample. At present, there are no population studies to identify the prevalence of this common STD in BC. Young adults are known to be the highest risk group. Untreated chlamydia infection in women can result in pelvic inflammatory disease and infertility. It is crucial to understand the population prevalence in order to identify target populations for prevention education and screening programs. The study also seeks to identify sociobehavioural and demographic determinants of the infection. The research will be used to increase public awareness of chlamydia.

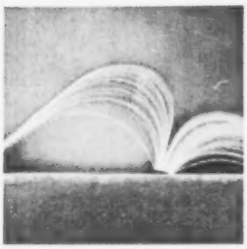
A second research study, partnered with Health Canada, was launched to assess primary care practitioner practices in BC related to HIV and STD counselling. The research seeks to determine whether current BCCDC HIV pre- and post-test counselling training curriculum is reflective of and appropriate for physicians' current practices. It also seeks, by evaluating primary care practitioner adherence to the Canadian STD Guidelines in BC, to assess the relevance of these guidelines. Research findings will be used to help in current guideline revisions.

A report prepared for BCCDC entitled "Moving Ahead: Assessing Gay Men's HIV Prevention in BC", was released in 2002. The report reviewed HIV infection and prevention for gay men and recommended a course of action to deal with recent increases in HIV infection in BC in this community. Supporting this research helps the division to meet its goal of decreasing HIV transmission in gay men. The division also provided financial support for a second strategy: a survey called "Sex Now" was given to nearly 2000 gay men attending 2002 Pride events in the province. The survey, conducted by the community-based research centre, was considered an intervention in its own right, bringing the message that HIV must still be seen as a concern for gay men.

The STD/AIDS Resource Centre supports HIV/AIDS/STD prevention and education information by providing a "one-stop-shopping" opportunity for resource materials in the province. In addition to managing a distribution collection of educational materials produced in-house and by various suppliers such as the Canadian Public Health Association, it also has more than 400 video titles available for loan to health care professionals and educators across BC

www.STDResource.com

The knowledge and expertise of our staff in STD management is recognized throughout the medical community and the division has earned a reputation as an authority in the field. Members of our division are frequently asked to provide expertise, training and consultation to other jurisdictions. Our members make important contributions to medical journals and present at key conferences.



publications/conference proceedings/ conference abstracts/presentations

Publications

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Conference Proceedings

Hankins C, Pourreaux K, Shu J, Hankins-Palmer A, Labrie N. Antiretroviral Prophylaxis of Mother to Child Transmission: Uptake and Post Pregnancy Use in the Canadian Women's HIV Study, Canadian Journal of Infectious Diseases. March/April 2002;Vol 13(Suppl A),p27(abs 211).

Coultee F, Hankins C, Walmsley S, Money D, Pourreaux K, Forest P, Shu J-O, Canadian Women's HIV Study Group. Comparison of Self-Obtained and Physician-Obtained Cervical Swab Samples for Detection of Human Papillomavirus (HPV) DNA in Women Infected with HIV. Canadian Infectious Diseases. March/April 2002: Vol 13(Suppl A),p40 A (Abs255P).

Olgilvie G, Money D, Forbes J, Remple V, Alimenti A, Burdge D. Perinatal HIV Infection in Aboriginal Maternal Infant Pairs. Vancouver BC. Canadian Journal of Infectious Diseases. March/April 2002: Vol 13(Suppl A), p50 A (Abs321).

Conference Abstracts:

Money D, Hankins C, Rachlis A, Coutlee F, Wobeser W, Pourreaux K. The evolution of cervical cytology abnormalities in HIV infected women. Can J Infect Dis. March/April 2002: Vol 13 (Suppl A), p28A (Abs215).

Ogilvie G, Money D, Forbes J, Remple V, Alimenti A, Burdge D. Perinatal HIV infection in Aboriginal maternal infant pairs. Vancouver BC. Can J Infect Dis. March/April 2002: Vol 13 (Suppl A), p50A (Abs 321).

Ogilvie G, Money D, Forbes J, Remple V, Alimenti A, Burdge D. Perinatal HIV infection in Aboriginal maternal infant pairs. Annual Meeting of Canadian Association for HIV/AIDS Research, May 2004, Winnipeg, Man.

Coutlee F, Hankins C, Walmsley C, Money D, Pourreaux K, Forest P, Shu JO and the Canadian Women's HIV Study Group. Comparison of self-obtained and physician-obtained cervical swab samples for detection of human papilllomavirus (HPV) DNA in women infected with HIV. Annual Meeting of Association for HIV/AIDS Research, May 2002, Winnipeg, Man.

Money D, Hankins C, Rachlis A, Coultee F, Wobeser W, Pourreaux K. The evolution of cervical cytology abnormalities in HIV-infected women. Annual Meeting of Canadian Association for HIV/AIDS Research, May 2002, Winnipeg, Man.

Jones HD, Vipond J, Patrick DM, Rekart ML, Montgomery CA, Money DM, Taylor D, Morshed M. Syphilis: Pre-natal screening and pregnancy outcomes in British Columbia. International Society for Sexually Transmitted Disease Research, June 2002, Ottawa, Canada.

Presentations

Safe Injection Sites and Social Justice. CANAC Conference. Vancouver, Spring 2002, F. Gold.

What You Can Do: Planning HIV Activities in Aboriginal Communities. 6th Annual BC Aboriginal HIV/AIDS Conference, Kamloops, Winter 2002, L. Barney, M. Rivers

Pacific AIDS Network: Women & HIV Panel. Frontline Workers, Kamloops, Winter 2002, M. Rivers.

Weaving the Mind, Body, Spirit: Planning HIV Activities in Aboriginal Communities. Canadian Association of Nurses in AIDS Care Conference, Vancouver, Spring 2002, L. Barney, M. Rivers.

Weaving Culture into HIV, STD and Hepatitis Education. 3rd Annual Alberta Harm Reduction Conference, Red Deer, Winter 2002, L. Barney, M. Rivers.

Workshops

Prisons – A study of the drug use behaviours of Burnaby Correctional Centre for Women. CANAC Conference. Vancouver, Spring 2002. F. Gold.

Supervised Consumption, A Professional Practice Issue for Nurses. St. Paul's Hospital Rounds. Vancouver, Spring 2002, F. Gold.

Genital Herpes. STD Training Course. BCCDC. October 2002. D. Money.

Syphilis. STD Training courses. BCCDC. February/May/October 2002. H. Jones.

Urethritis, Cervicitis, PID. STD Training Courses. BCCDC. February/May/October 2002. C. Montgomery.

Syphilis. Downtown Eastside Physicians. April 2002. H. Jones

Syphilis. Infectious Diseases Residents and Fellows. August 2002. H. Jones.

STD Management. BC. Physicians Dermatology Inservice. August 2002. H. Jones.

STD Management. BC Corrections Staff, Justice Institute. August 2002. H. Jones.

highlights of 2002

The reorganization and redirection of the street nurse program • In 2002 the Street Nurse Program, as a part of the BCCDC, moved under the Provincial Health Services Authority and the program was redirected to reflect the provincial mandate. The vision was to establish a cutting edge program able to implement pilot projects, explore new ideas and to move away from provision of fixed site clinical services.

Some of the changes initiated in 2002 were:

- Closure of Main Street Clinic with client referral to primary health care sites recently opened in the downtown eastside community by the Vancouver Coastal Health Authority.
- Establishment of a Powell Street Office to provide an outreach base for staff.
- Reframing of the outreach program to accommodate a research component as well as an educational and client service approach
- Discontinuation of daily van service in response to duplication of such services in the downtown eastside community by other programs
- Commencement of a provincial education initiative through a partnership with the BC Aboriginal Program, Chee Mamuk. This initiative involved the first phase of a distance education outreach program for nurses.
- Exploration of the use of a Social Networking Approach with a focus on the involvement of community "peers" to address a syphilis outbreak in the downtown eastside community.

Social Networking Process as a Strategy to Case Find in a Syphilis Outbreak

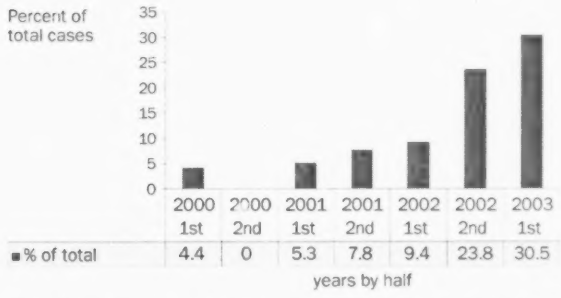
British Columbia has had a syphilis outbreak since July 1997. Prior to 1997 there were 20-25 cases of infectious syphilis per year. In 2002 there were on average 15 cases per month. The focus of this outbreak has been sex trade workers from the downtown eastside of Vancouver and their customers.

Traditional contact tracing of naming sexual partners for follow up was not working with this population.

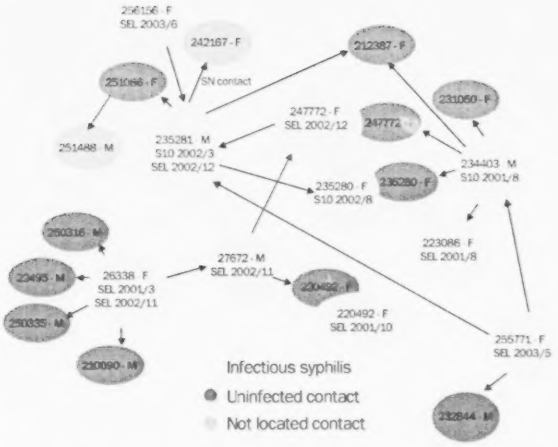
Social Networking is a strategy that expands the network of contacts to include social, drug using and sexual contacts and looking at places where persons at increased risk gather. This is based on the assumption that people who hang out at the same places and engage in the same activities with similar people have similar risk of infection.

In February of 2002, after consultation and additional training a social networking process was implemented by the BCCDC.

- A syphilis team was created consisting of 3-4 street nurses, a clinic physician, a contact tracing nurse and a nurse manager.
- The team met once a week to share information, set priorities and maintain our syphilis focus.



Since the implementation of this process the street nurse program has been responsible for diagnosing an increasing percentage of the total syphilis cases.



- Contact by cell phone was available to share information as needed.
- The street nurses spent increased time on the street observing and interacting with the street population.
- Street nurses offered syphilis information, including pictures of syphilis symptoms, to individuals and groups where persons of high risk gathered.
- Interviewing diagnosed cases of infectious syphilis included questions such as "Who else might benefit from a syphilis test?","Who else has symptoms such as these?", "Where do you meet people?", "Who else hangs out there?", etc.
- A peer from the street was recruited to assist with educating the street nurses in their approach on the street, access to difficult groups such as drug dealers and locating persons of interest.
- Street nurses learned to give clients repeated opportunities to decide to test or reveal information regarding social or sexual contacts.

Documentation of the networks helps to clarify who would benefit from repeat testing. In the example above the arrows show the direction of who named who. It is apparent that often times complete information is not provided. This kind of network is only apparent over time (the cases extend from 2001/8 to 2003/6) and only if a database is available to show connections.

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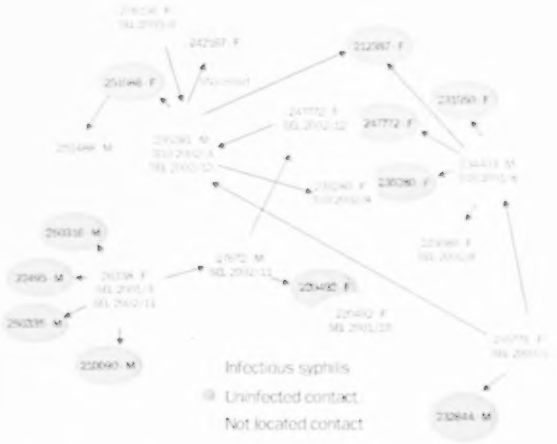

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incidence trends

The following STD trends were observed in 2002 in BC:

As of November 2003, there were 37 new AIDS cases reported for 2002. At the same time last year, there were 38 new AIDS cases reported for 2001. This is the first year that AIDS cases have failed to decrease significantly since combination chemotherapy was introduced in 1996. This may signify that we have reached the nadir of annual new AIDS diagnoses and that there will now be a plateau in cases. There were no demographic or epidemiologic trends of importance.

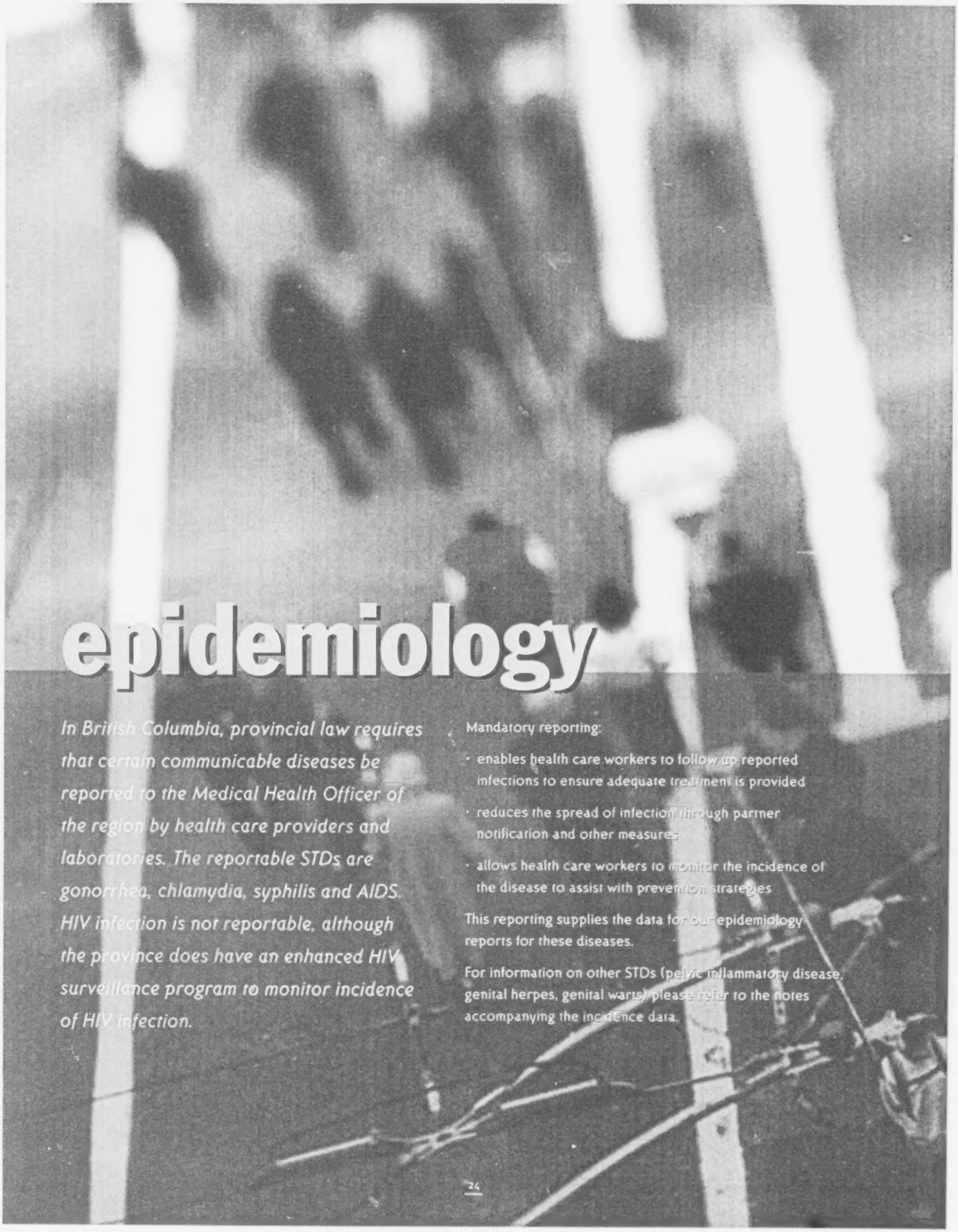
The overall rate of infectious syphilis increased to 4.5/100,000 in 2002 from 4.3 in 2001 (normal-value test, p=0.39). Cases increased from 178 to 186. The age distribution for females was unchanged but the 30-39 year old male group increased its rate from 9.1/100,000 in 2001 to 13.0 in 2002 (normal-value test, p=0.084). The geographic distribution remained the same with the overwhelming majority of cases in Vancouver, especially the downtown eastside (DTES). There were no notable trends in risk with around 50% of cases in sex workers and their customers and 15% in gay men. Social networking is proving to be a successful yet resource-intensive strategy.

New cases of chlamydia increased from 143.2/100,000 in 2001 to 184.2 in 2002 (normal-value test, p<0.01). The Canadian rate in 2002 was 179/100,000. North Vancouver Island continued to record the highest rate (326.2/100,000) although their rate in 2001 was even higher (378.6). In the Northeast, the chlamydia rate jumped from 130.8/100,000 to 263.5 (normal-value test, p<0.01). This may have been the result of a successful chlamydia campaign by the Health Unit ("Clamp Down on Chlamydia"). There were no other demographic trends of note.

Gonorrhea cases increased from 14.6/100,000 to 17.3 (normal-value test, p=0.002). The BC rate, however, continues to be lower than the overall Canadian rate (23.0/100,000 in 2002). The most significant age group trend was an increase in 25-29 year old females of 12.6 to 20.8/100,000 (normal-value test, p=0.07). The Northeast region again showed an increase (11.0 to 26.8/100,000) which may have also been related to their chlamydia campaign.

Pelvic inflammatory disease (PID), ectopic pregnancy and tubal infertility continued their downward trends in 2001. PID decreased from 96.7 to 84.0/100,000; (normal-value test, p=0.005) ectopic pregnancy from 80.8 to 74.5/100,000; (normal-value test, p=0.13) and tubal infertility from 42.5 to 33.5/100,000; (normal-value test, p=0.002). These longterm complications of sexually transmitted infections are a good indicator of STD Control efforts and societal changes.

For 2002, the number of persons living with HIV in BC were estimated at 10,500, an increase from the 1999 estimate of 9160. Incident HIV infections in BC were estimated at 784 in 2002, a slight decrease from the 1999 estimate of 820. The increase in prevalent infections probably reflects the decrease in AIDS diagnoses and deaths due to better treatments.



epidemiology

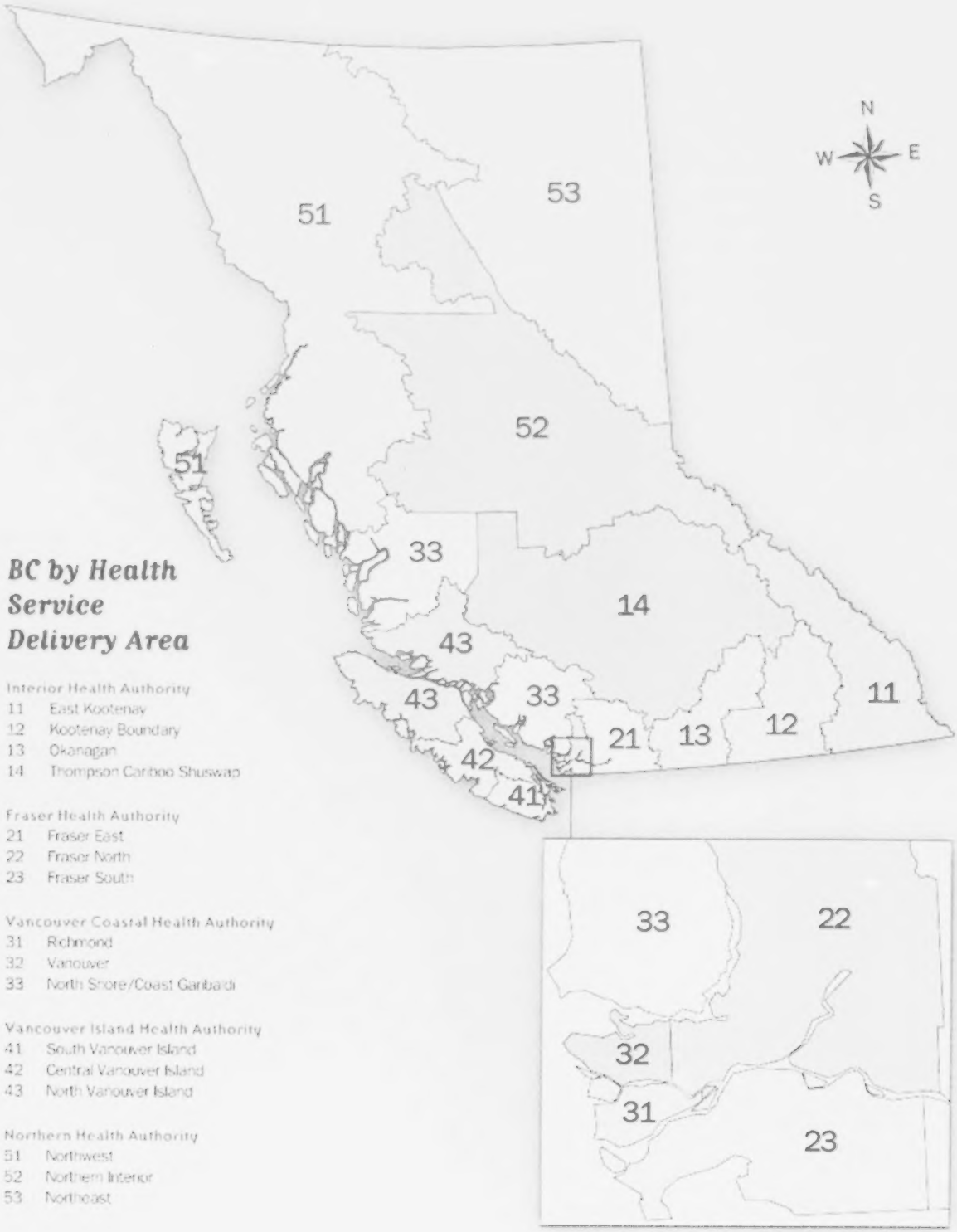
In British Columbia, provincial law requires that certain communicable diseases be reported to the Medical Health Officer of the region by health care providers and laboratories. The reportable STDs are gonorrhea, chlamydia, syphilis and AIDS. HIV infection is not reportable, although the province does have an enhanced HIV surveillance program to monitor incidence of HIV infection.

Mandatory reporting:

- enables health care workers to follow up reported infections to ensure adequate treatment is provided
- reduces the spread of infection through partner notification and other measures
- allows health care workers to monitor the incidence of the disease to assist with prevention strategies

This reporting supplies the data for our epidemiology reports for these diseases.

For information on other STDs (pelvic inflammatory disease, genital herpes, genital warts) please refer to the notes accompanying the incidence data.



BC by Health Service Delivery Area

Interior Health Authority
- 11 East Kootenay
- 12 Kootenay Boundary
- 13 Okanagan
- 14 Thompson Cariboo Shuswap

Fraser Health Authority
- 21 Fraser East
- 22 Fraser North
- 23 Fraser South

Vancouver Coastal Health Authority
- 31 Richmond
- 32 Vancouver
- 33 North Shore/Coast Garibaldi

Vancouver Island Health Authority
- 41 South Vancouver Island
- 42 Central Vancouver Island
- 43 North Vancouver Island

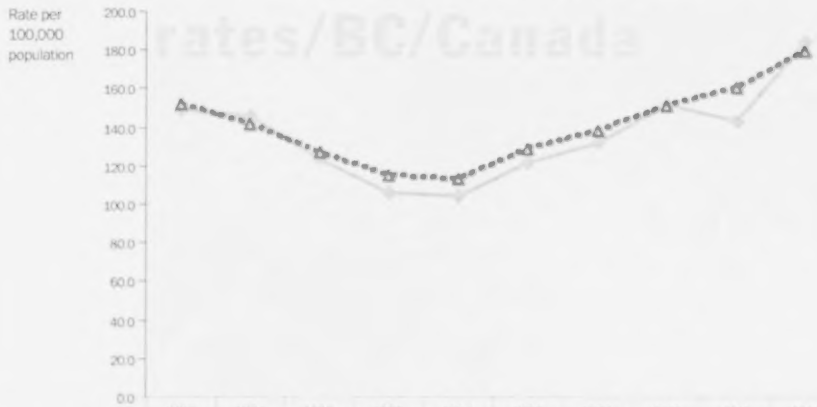
Northern Health Authority
- 51 Northwest
- 52 Northern Interior
- 53 Northeast

chlamydia

The BC rate per 100,000 population for reported chlamydia cases in 2002 was 184.2. This is a 28% increase from the rate of 143.2 in 2001. It is also a slightly higher rate than the Canadian rate of 179. North Vancouver Island has the highest rate per 100,000 population of 326.2. Northeast had the greatest increase in rate, a 101% increase from 130.8 in 2001 to 263.5 in 2002. Most other regions have increases in rate. Age distribution is much the same as previous years with increases in all age and gender groups.

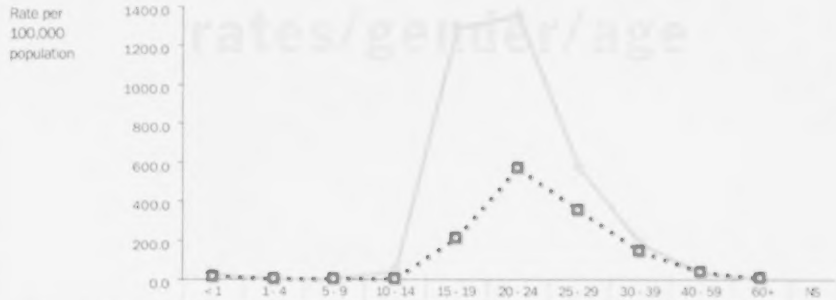
2.1 BC chlamydia disease case reports and rates • 1993-2002

The BC rate per 100,000 population for reported chlamydia cases in 2002 was 184.2. This is a 28% increase from the rate of 143.2 in 2001. It is also a slightly higher rate than the Canadian rate of 179.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Reports	5,321	5,366	4,660	4,116	4,116	4,878	5,351	6,166	5,868	7,613
BC Rate	149.0	145.7	123.1	106.0	104.0	121.6	132.3	151.6	143.2	184.2
Canadian Rate	152.1	141.0	126.8	114.8	112.7	128.8	138.2	151.1	160.5	179.0

2.2 BC chlamydia disease case reports and rates by gender and age • 2002



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports – Female	5	0	0	51	1,729	1,889	772	595	194	5	50
Reports – Male	2	0	0	0	295	809	480	472	224	21	19
2002 Rate – Female	26.0	0	0	39.8	1,289.3	1,354.6	573.8	184.4	31.7	1.3	
2002Rate – Male	9.8	0.0	0.0	0.0	207.7	570.9	353.2	146.3	36.8	6.3	

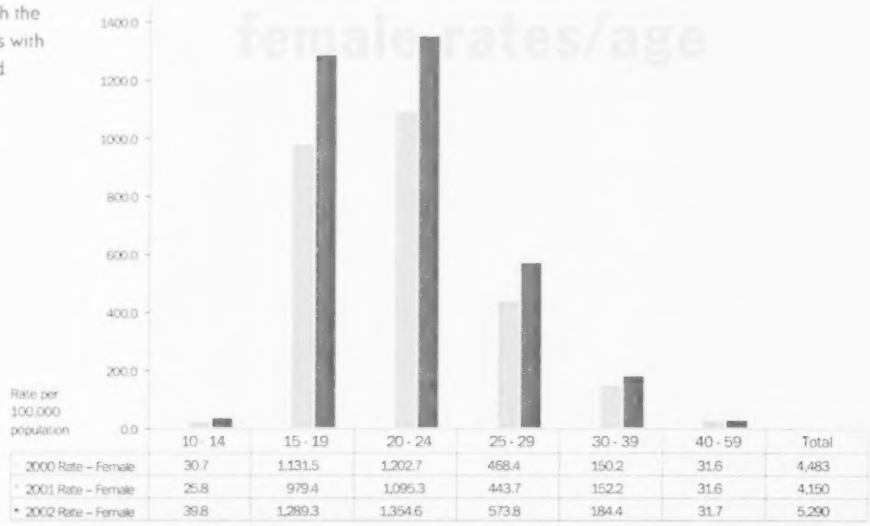
2.3 BC chlamydia disease case reports and rates by health service delivery area • 2001/2002

	Central Vancouver Island	East Kootenay	Fraser East	Kootenay Bdary	North Shore/ Coast	North Van Island	Northeast	Northern Interior	Northwest	Okanagan	Richmond	Fraser North	Fraser South	South Van Island	Thompson Cariboo	Vancouver
Reports 2002	461	126	271	115	490	181	167	380	251	527	255	856	595	697	537	1541
Rate 2001	182.7	131.2	51.4	115.6	122.5	378.6	130.8	235.3	250.0	150.7	160.2	74.8	58.8	145.6	243.2	202.1
Rate 2002	191.7	159.8	107.6	143.9	182.3	326.2	263.5	253.0	301.9	167.4	145.6	155.2	96.9	172.9	250.7	261.9

North Vancouver Island has the highest rate per 100,000 population of 326.2. Northeast had the greatest increase in rate, a 101% increase from 130.8 in 2001 to 263.5 in 2002. Most other regions have increases in rate.

2.4 BC female chlamydia disease rates by age · 2000/2001/2002

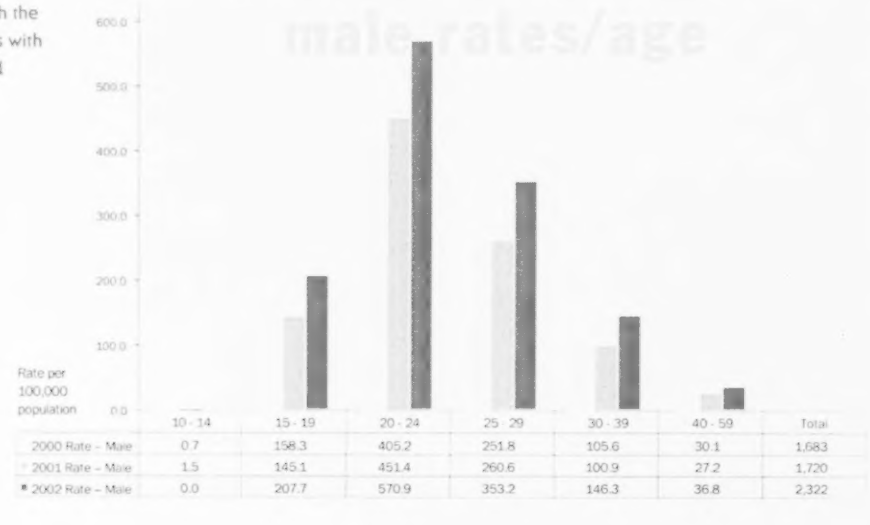
Age distribution is much the same as previous years with increases in all age and gender groups.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Female	30.7	1,131.5	1,202.7	468.4	150.2	31.6	4,483
* 2001 Rate – Female	25.8	979.4	1,095.3	443.7	152.2	31.6	4,150
* 2002 Rate – Female	39.8	1,289.3	1,354.6	573.8	184.4	31.7	5,290

2.5 BC male chlamydia disease rates by age · 2000/2001/2002

Age distribution is much the same as previous years with increases in all age and gender groups.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Male	0.7	158.3	405.2	251.8	105.6	30.1	1,683
* 2001 Rate – Male	1.5	145.1	451.4	260.6	100.9	27.2	1,720
* 2002 Rate – Male	0.0	207.7	570.9	353.2	146.3	36.8	2,322

gonorrhea

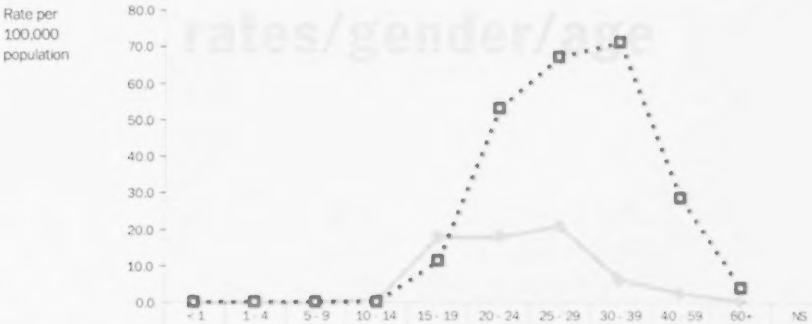
The BC rate per 100,000 population of reported Gonorrhea cases in 2002 increased to 17.3 from 14.6 the previous year. The rate in BC continues to be below the Canadian rate of 23.0 per 100,000 population. Vancouver has the highest rate per 100,000 population of 71.0. Northeast has the greatest increase in rate from 11.0 to 26.8 per 100,000 population. All age groups for females decreased except the 25-29 age group which increase from 12.6 to 20.8 per 100,000 population. The rate for all groups of males increased except the 15-19 age group.

3.1 BC gonorrhea disease case reports and rates • 1993-2002

The BC rate per 100,000 population of reported Gonorrhea cases in 2002 increased to 17.3 from 14.6 the previous year. The rate in BC continues to be below the Canadian rate of 23.0 per 100,000 population.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Reports	540	504	492	536	456	558	858	707	599	713
BC Rate	15.1	13.7	13.0	13.8	11.5	13.9	21.2	17.4	14.6	17.3
Canadian Rate	23.6	21.1	19.3	16.8	14.9	16.4	17.6	20.2	21.6	23.0

3.2 BC gonorrhea disease case reports and rates by gender and age • 2002



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports – Female	0	0	0	1	24	25	28	20	14	1	2
Reports – Male	0	0	0	0	16	75	91	230	173	12	1
2002 Rate – Female	0.0	0.0	0.0	0.8	17.9	17.9	20.8	6.2	2.3	0.3	
2002 Rate – Male	0.0	0.0	0.0	0.0	11.3	52.9	67.0	71.3	28.4	3.6	

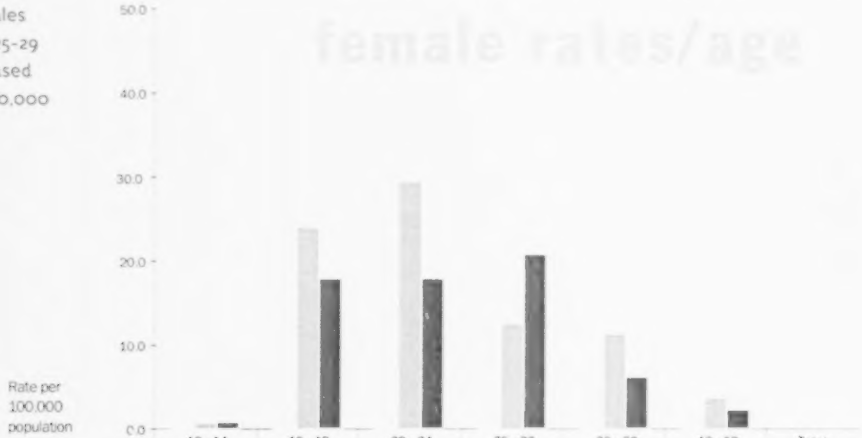
3-3 BC gonorrhea disease case reports and rates by health service delivery area · 2001/2002

	Central Van Island	East Kootenay	Fraser East	Kootenay Bdary	North Shore/ Coast	North Van Island	Northeast	Northern Interior	Northwest	Okanagan	Richmond	Fraser North	South Fraser	South Van Island	Thompson Cariboo	Vancouver
Reports 2002	13	0	15	4	29	7	17	15	4	9	21	69	42	29	8	418
Rate 2001	5.8	0.0	4.0	1.2	7.5	12.4	11.0	5.3	7.1	3.8	7.5	9.2	6.6	8.7	2.3	61.7
Rate 2002	5.4	0.0	6.0	5.0	10.8	12.6	26.8	10.0	4.8	2.9	12.0	12.5	6.8	7.2	3.7	71.0

Vancouver has the highest rate per 100,000 population of 71.0. Northeast has the greatest increase in rate from 11.0 to 26.8 per 100,000 population.

3.4 BC female gonorrhea disease rates by age · 2000/2001/2002

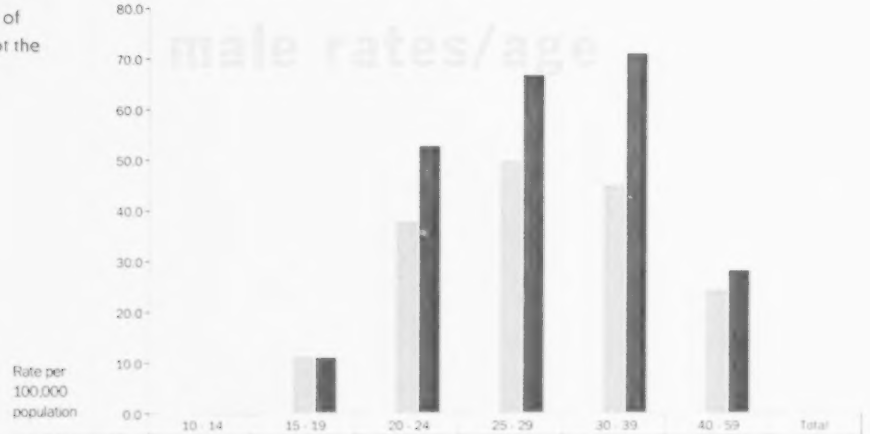
All age groups for females decreased except the 25-29 age group which increased from 12.6 to 20.8 per 100,000 population.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Female	0.8	46.2	31.0	17.5	10.0	2.6	177
2001 Rate – Female	0.8	24.0	29.5	12.6	11.3	3.7	151
2002 Rate – Female	0.8	17.9	17.9	20.8	6.2	2.3	115

3.5 BC male gonorrhea disease rates by age · 2000/2001/2002

The rate for all groups of males increased except the 15-19 age group.



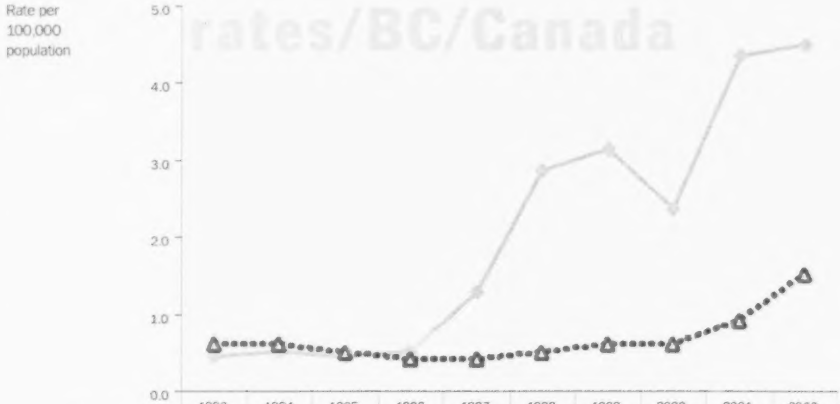
	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Male	0.7	13.7	50.5	54.3	58.6	26.8	529
2001 Rate – Male	0.0	11.3	38.1	50.1	45.3	24.7	448
2002 Rate – Male	0.0	11.3	52.9	67.0	71.3	28.4	598

infectious syphilis

The rate per 100,000 population of infectious syphilis increased from 4.3 in 2001 to 4.5 in 2002 as numbers of cases increased from 178 to 186. The rate in BC is well above the rate of 1.5 for the Canadian rate. Syphilis cases are concentrated in the Vancouver and lower mainland regions. The distribution for female age groups remains the same as 2001 with the highest rate being in the 25-29 age group. The male age group with the greatest increase is the 30-39 age group with an increase from 9.1 to 13.0 per 100,000 population for 2002. Half of the infectious syphilis cases are Caucasian. In males the ethnic group with the second largest percentage is Asian with 14%. In females the ethnic group with the second largest percentage is First Nations with 35%.

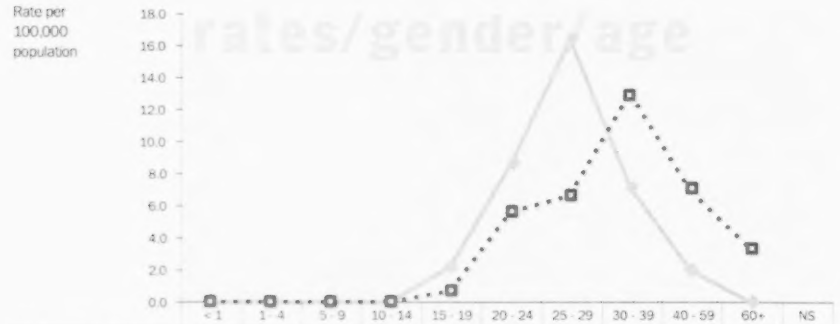
4.1 BC infectious syphilis disease case reports and rates · 1993-2002

The rate per 100,000 population of infectious syphilis increased from 4.3 in 2001 to 4.5 in 2002 as numbers of cases increased from 178 to 186. The rate in BC is well above the rate of 1.5 for the Canadian rate.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Reports	16	19	17	20	51	115	127	96	178	186
BC Rate	0.4	0.5	0.4	0.5	1.3	2.9	3.1	2.4	4.3	4.5
Canadian Rate	0.6	0.6	0.5	0.4	0.4	0.5	0.6	0.6	0.9	1.5

4.2 BC infectious syphilis disease case reports and rates by gender and age · 2002



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports – Female	0	0	0	0	3	12	22	23	12	0	0
Reports – Male	0	0	0	0	1	8	9	42	42	11	0
2002 Rate – Female	0.0	0.0	0.0	0.0	2.2	8.6	16.4	7.1	2.0	0.0	
2002 Rate – Male	0.0	0.0	0.0	0.0	0.7	5.6	6.6	13.0	6.9	3.3	

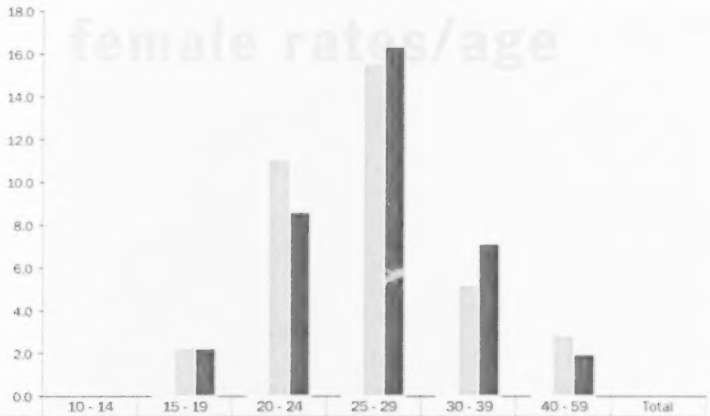
4.3 BC infectious syphilis disease case reports and rates by health service delivery area · 2001/2002

	Central Van Island	East Kootenay	Fraser East	Kootenay Bdary	North Shore/ Coast	North Van Island	Northeast	Northern Interior	Northwest	Okanagan	Richmond	Fraser North	South Fraser	South Van Island	Thompson Cariboo	Vancouver
Reports 2002	1	0	3	0	3	0	0	1	0	3	3	31	12	0	0	125
Rate 2001	2.1	0.0	2.4	1.2	4.5	0.0	0.0	0.7	2.4	1.6	2.3	3.5	2.8	0.7	0.5	17.4
Rate 2002	0.4	0.0	1.2	0.0	1.1	0.0	0.0	0.7	0.0	1.0	1.7	5.6	2.0	0.0	0.0	21.2

Syphilis cases are concentrated in the Vancouver and lower mainland regions.

4.4 BC female infectious syphilis disease rates by age · 2000/2001/2002

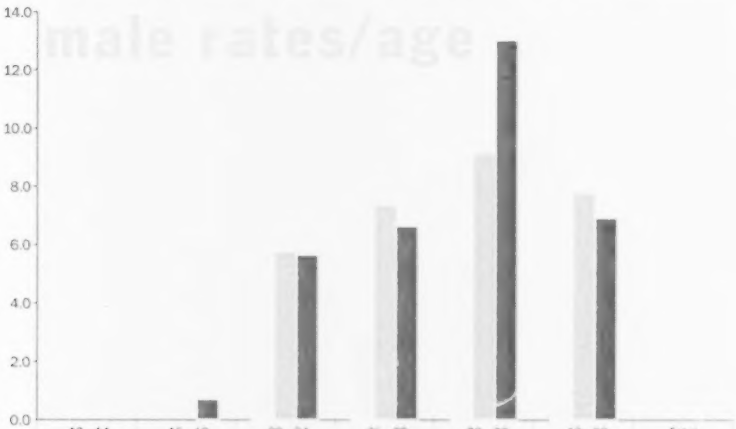
The distribution for female age groups remains the same as 2001 with the highest rate being in the 25-29 age group.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Female	0.0	2.3	5.3	1.5	5.5	1.0	37
2001 Rate – Female	0.0	2.3	11.1	15.5	5.2	2.9	74
• 2002 Rate – Female	0.0	2.2	8.6	16.4	7.1	2.0	72

4.5 BC male infectious syphilis disease rates by age · 2000/2001/2002

The male age group with the greatest increase is the 30-39 age group with an increase from 9.1 to 13.0 per 100,000 population for 2002.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Male	0.0	0.0	1.5	2.9	5.4	5.2	59
2001 Rate – Male	0.0	0.0	5.8	7.4	9.1	7.8	104
• 2002 Rate – Male	0.0	0.7	5.6	6.6	13.0	6.9	113

HIV

The rate per 100,000 population of new positive HIV tests remained the same for 2002 as 2001 (10.6 & 10.7). In 2002 the numbers for Men Having Sex with Men increased from 127 in 2001 to 140 in 2002 (10% increase). The numbers of Injection Drug Users increased from 122 in 2001 to 145 in 2002 (19% increase). The numbers of heterosexuals declined from 93 in 2001 to 81 in 2002 (13% reduction). The lower age groups of 15-29 in both males and females have rates per 100,000 population that are slightly lower than previous years and the upper age groups of 30-59 in both genders have slightly increased rates.

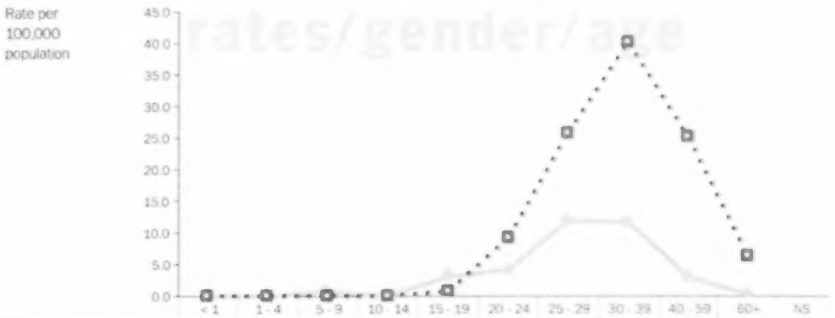
The distribution of cases around the province remains similar to 2001 with the greatest concentration of new HIV cases being in the Vancouver region.

5.1 BC new positive HIV tests and rates · 1993-2002

The rate per 100,000 population of new positive HIV tests remained the same for 2002 as 2001 (10.6 & 10.7).

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Reports	706	840	692	716	533	478	420	407	438	440
BC Rate	19.8	22.8	18.3	18.4	13.5	11.9	10.4	10.0	10.7	10.6

5.2 BC new positive HIV tests by gender and age · 2002



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports – Female	0	0	1	0	4	6	16	38	19	1	0
Reports – Male	0	0	0	0	1	13	35	130	153	21	1
2002 Rate – Female	0.0	0.0	0.8	0.0	3.0	4.3	11.9	11.8	3.1	0.3	
2002 Rate – Male	0.0	0.0	0.0	0.0	0.7	9.2	25.8	40.3	25.1	6.3	

5.3 BC new positive HIV tests and rates by health service delivery area· 2001/2002

	Central Van Island	East Kootenay	Fraser E-vt	Kootenay Rdary	North Shore/ Coast	North Van Island	Northeast	Northern Interior	Northwest	Okanagan	Richmond	Fraser North	South Fraser	South Van Island	Thompson Cariboo	Vancouver
Reports 2002	12	1	12	0	12	3	2	8	2	12	9	47	41	41	8	228
Rate 2001	3.3	1.3	4.4	5.0	4.9	1.8	0.0	6.0	3.6	3.8	3.5	6.8	5.8	10.0	6.0	41.4
Rate 2002	5.0	1.3	4.8	0.0	4.5	5.4	3.2	5.3	2.4	3.8	5.1	8.5	6.7	10.2	3.7	38.7

The distribution of cases around the province remains similar to 2001 with the greatest concentration of new HIV cases being in the Vancouver region.

More than half of new HIV positives are Caucasian. The second largest ethnic in groups of males and females is First Nations with 10% for males and 30% for females.

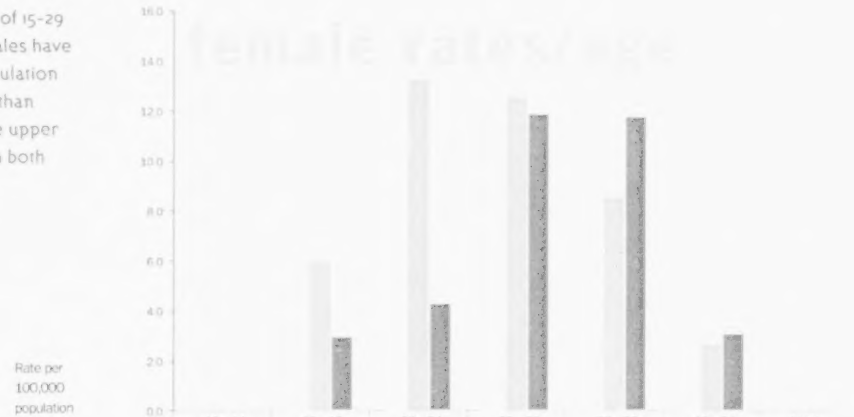
5.6 BC new positive HIV tests by risk category and year · 1996/2002

In 2002 the numbers for Men Having Sex with Men increased from 127 in 2001 to 140 in 2002 (10% increase). The numbers of Injection Drug Users increased from 122 in 2001 to 145 in 2002 (19% increase). The numbers of heterosexuals declined from 93 in 2001 to 81 in 2002 (13% reduction).

	1996	1997	1998	1999	2000	2001	2002
MSM	159	146	118	93	126	127	140
IDU	312	223	163	131	114	122	145
HET	84	77	89	91	62	93	81

5.5 BC female new positive HIV rates by age · 2000/2001/2002

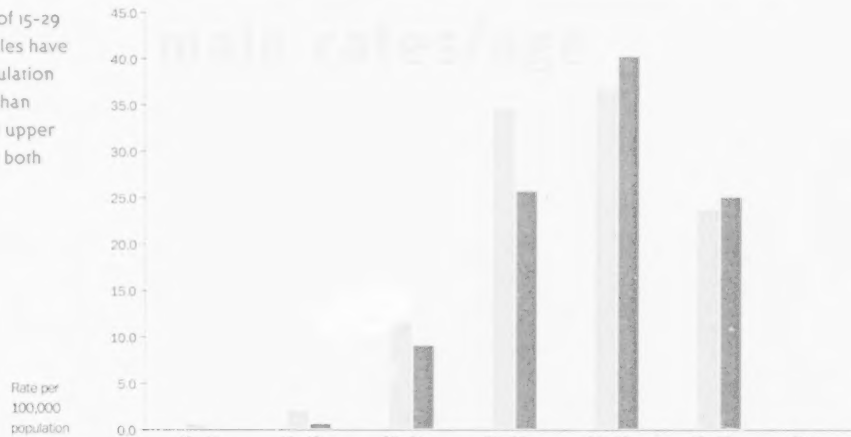
The lower age groups of 15-29 in both males and females have rates per 100,000 population that are slightly lower than previous years and the upper age groups of 30-59 in both genders have slightly increased rates.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Female	0.0	3.0	9.1	10.2	8.2	5.0	89
2001 Rate – Female	0.0	6.0	13.3	12.6	8.6	2.7	88
2002 Rate – Female	0.0	3.0	4.3	11.9	11.8	3.1	86

5.6 BC male new positive HIV rates by age · 2000/2001/2002

The lower age groups of 15-29 in both males and females have rates per 100,000 population that are slightly lower than previous years and the upper age groups of 30-59 in both genders have slightly increased rates.



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
2000 Rate – Male	0.7	2.2	13.9	30.4	36.1	21.2	322
2001 Rate – Male	0.7	2.1	11.5	34.6	36.8	23.8	345
2002 Rate – Male	0.0	0.7	9.2	25.8	40.3	25.1	354

AIDS

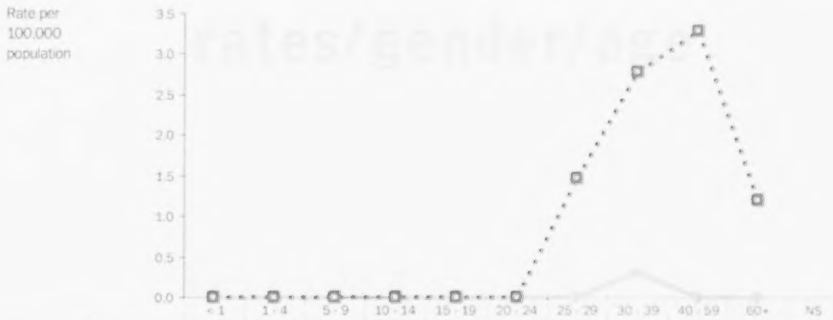
The BC rate per 100,000 population of newly reported cases of AIDS continues to decline along with the Canadian rate per 100,000 population. The region with the largest number of newly reported cases of AIDS (18)and the highest rate per 100,000 population (3.1) is Vancouver. There was only one female newly diagnosed with AIDS in 2002. The distribution of male cases has shifted somewhat with a drop in the 30-39 age group and an increase in the 25 –29 age group.

6.1 BC AIDS disease case reports and rates · 1993-2002

The BC rate per 100,000 population of newly reported cases of AIDS continues to decline along with the Canadian rate per 100,000 population.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Reports	350	343	317	235	155	159	136	125	57	37
BC Rate	9.8	9.3	8.4	6.1	3.9	4.0	3.4	3.1	1.4	0.9
Canadian Rate	6.1	6.1	5.5	3.8	2.4	2.1	1.6	1.4	1.0	0.6

6.2 BC AIDS disease case reports and rates by gender and age · 2002



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports – Female	0	0	0	0	0	0	0	1	0	0	0
Reports – Male	0	0	0	0	0	0	2	9	20	4	0
2002 Rate – Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	
2002 Rate – Male	0.0	0.0	0.0	0.0	0.0	0.0	1.5	2.8	3.3	1.2	

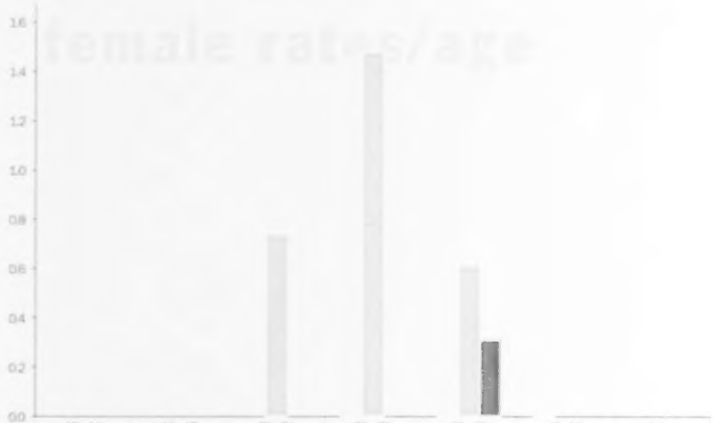
6.3 BC AIDS disease case reports and rates by health service delivery area· 2001/2002

	Central Van Island	East Kootenay	Fraser Valley	Kootenay Bdary	North Shore/ Coast	North Van Island	Northeast	Northern Interior	Northwest	Okanagan	Richmond	Simon Fraser	South Fraser	South Van Island	Thompson Cariboo	Vancouver
Reports 2002	1	0	3	0	0	0	0	0	0	1	1	7	5	1	0	18
Rate 2001	1.3	1.3	0.0	0.0	1.5	0.0	0.0	2.0	0.0	1.0	1.2	1.5	0.5	1.0	0.5	4.1
Rate 2002	0.4	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.6	1.3	0.8	0.2	0.0	3.1

The region with the largest number of newly reported cases of AIDS (18)and the highest rate per 100,000 population (3.1) is Vancouver.

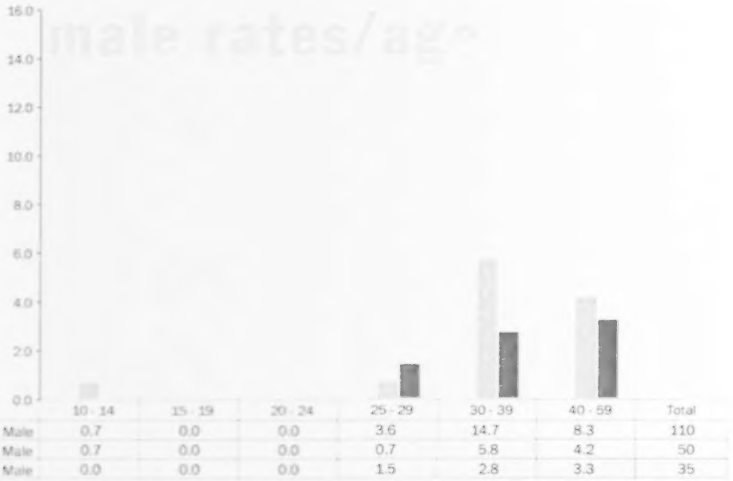
6.4 BC female AIDS disease rates by age • 2000/2001/2002

There was only one female newly diagnosed with AIDS in 2002.



6.5 BC male AIDS disease rates by age • 2000/2001/2002

The distribution of male cases has shifted somewhat with a drop in the 30-39 age group and an increase in the 25-29 age group.



7.1 Pelvic inflammatory disease, tubal infertility, and ectopic pregnancy • 1990-2002

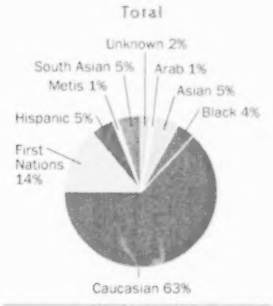
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
PID Cases	2438	2204	1984	1742	1557	1361	1235	1142	948	1024	875	760
Tubal Cases	850	939	1,328	1,066	918	738	594	504	475	432	384	303
Ectopic Cases	1,200	1,181	1,139	1,143	1,153	1,080	970	900	811	732	733	675
PID Rate	314.7	278.7	245.8	210.8	183.6	156.8	138.5	126.2	104.6	113.3	96.7	84.0
Tubal Rate	109.7	118.7	164.5	129.0	108.3	85.0	66.6	55.7	52.4	47.8	42.5	33.5
Ectopic Rate	154.9	149.3	141.1	138.3	136.0	124.4	108.8	99.5	89.5	81.0	80.8	74.5

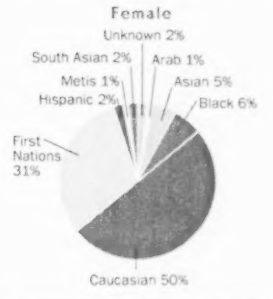
The rates per 100,000 population for all three of these conditions, which result from STD infections, continue to decline each year.

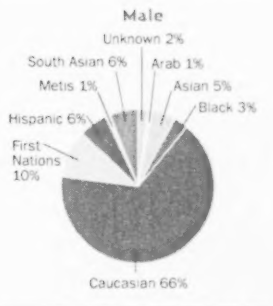
ethnicity

8.1 BC new HIV positive tests by ethnicity · 2002

More than half of new HIV positives are Caucasian. The second largest ethnic in group of males and females is First Nations with 10% for males and 30% for females.

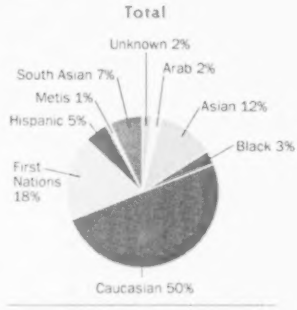


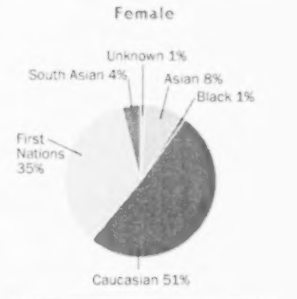


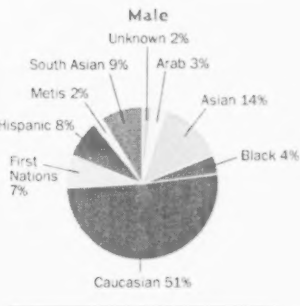


8.2 BC Infectious Syphilis reports by ethnicity · 2002

Half of the infectious syphilis cases are Caucasian. In males the ethnic group with the second largest percentage is Asian with 14%. In females the ethnic group with the second largest percentage is First Nations with 35%.







STD/AIDS Control staff

Staff List

Melanie Achen, Clinic Nurse
Catherine Astin, Outreach Nurse
Kelly Bains, Administrative Support Clinic
Jacqueline Barnett, Nursing Education Manager
Lucy Barney, Program Manager, Chee Mamuk
Caroline Brunt, Outreach Nurse
Bubli Chakraborty, Outreach Nurse
Bill Coleman, Clinic Psychologist
Kathryn Collister, Outreach Nurse
Carlene Coplin, Administrative Support Clinic
Sue Cronk, Administrative Support Outreach
Dr. Barbara Copping, Sessional Physician
Byron Cruz, Outreach Health Care Worker
Monika Csobot, Outreach Nurse
Anne Doherty, Clinic Nurse
Glenn Doupe, Clinic Nurse
Lisa Elliott, Clinic Nurse
Doreen Fleury, Clinic Nurse
Ellen Fraser, Education Assistant
Bruce Gamage, Clinic Nurse
Cheryl Giffin, Clinic Nurse
Fiona Gold, Outreach Nurse Team Leader
Gaye Goldstein, Clinic Nurse
Paul Harris, Outreach Nurse
Dr. Pat Howitt, Sessional Physician
Liz James, Outreach Nurse
Margaret Johnston, Clinic Nurse
Elaine Jones, Outreach Nurse
Dr. Hugh Jones, Clinic Physician
Rita Khamani, Directors Secretary
Derek Kline, Clinic Nurse
Linda Knowles, Clinic Nursing Administrator
Hang-Le Lau, Administrative Support Clinic
Witty Lau, Administrative Support Clinic
Shona Lalonda, Outreach Nurse
Judith Law, Vietnam Coordinator
Ellen Leung, Resource Centre
Laurene Lewis, Clinic Nurse
Anne Lidstone, Clinic Nurse
Tuan Luu, Outreach Health Care Worker
Rob MacDougall, Research Officer
Doreen MacLauchlan, Clinic Nurse
Christena MacMillan, Outreach Nurse
Juanita Maginley, Outreach Nursing Administrator
Katarina Marcin, Clinic Nurse
Gwyneth McIntosh, Outreach Nurse
Dr. Deborah Money, Clinic Physician
Dr. Carolyn Montgomery, Sessional Physician
Faye Neuman, Clinic Nurse
Jan Nielsen, Administrative Support Outreach
Wendy O'Shea, Outreach Nurse
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Cheryl Prescott, Clinic Nurse
Lisa Redekop, Outreach Nurse
Tony Rees, Clinic Nursing Supervisor
Betsy Reilly, Office Coordinator
Dr. Michael Rekart, Director
Melanie Rivers, Educator, Chee Mamuk
Alita Robinson, Administrative Support Chee Mamuk
Kathleen Skinnider, Clinic Nurse
Daphne Spencer, HIV Surveillance & AIDS Case Reporting
Janine Stevenson, Outreach Nurse
James Tigchelaar, Outreach Nurse Team Leader
Akira Tomiyama, Administrative Support Outreach
Tara Willard, Administrative Support Chee Mamuk
Corrine Williams, Clinic Nurse, HIV Surveillance
Bonnie Wing, Administrative Support Clinic
Yasmin Winsor, Outreach Nurse
Lynn Wittenberg, Clinic Nurse
Kathy Wrath, Outreach Nurse
Grace Young, Clinic Nurse
Dr. Margery Zapf-Gilje, Sessional Physician

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Chee Mamuk Program: 604-660-1673

HIV Surveillance: 604-775-2911

AIDS Case Reporting: 604-775-2911

West 12th STD Clinic: 604-660-6161

Bute Street STD Clinic: 604--660-7949

Powell Street Outreach Office: 604--660-9695

www.bccdc.org